

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

7/359181

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2		/				/
3	/				/	
4		/				/
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45		44 43	/			/
46		43 42	/			/
47		44 43	/			/
48		44 43	/			/
49		44 43	/			/
50		44 43	/			/
TOTAL IND.					15	
TOTAL DEP.					357	
TOTAL CLAIMS						

	* INDIA		* INDIA		* INDIA/B	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		99 43	/			/
52		/	/			/
53		/	/			/
54		/	/			/
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100						
TOTAL IND.	18		18		3	
TOTAL DEP.	347		46		19	
TOTAL CLAIMS	365		64		22	